



Marion County Coroner's Office

521 W McCarty St, Indianapolis, IN 46225
Tel: (317) 327-4744; Fax: (317) 327-4563

Decedent: Eleanor Northington

Case: MC-19-0335

Age: 43 Years

Date: 02-11-2019

Sex, Race: Female, African American

Time: 10:30 a.m.

Performed By: Christopher K. Poulos, M.D.

Performed for: MCCO

Autopsy Assistant: Michael Battee

Autopsy

External Exam

CAUSE OF DEATH

Anoxic Brain Injury in the Setting of Morbid Obesity, Cardiac Hypertrophy, Schizophrenia, and Struggle with Others

MANNER OF DEATH

Undetermined (see NOTE)

Christopher K. Poulos, M.D., Chief Forensic Pathologist

7/3/19

Date

This case was reviewed at the pathologist case review conference on 7/3/2018

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ANATOMIC/CLINICAL FINDINGS

- I. Anoxic brain injury
 - A. Medical history of anoxic brain injury
 - B. Cerebral edema
- II. Cardiac hypertrophy (430 grams)
 - A. Medical history of an isolated blood pressure being within the hypertensive range
- III. Morbid obesity (BMI: 45.3 kg/m²)
- IV. Reported history of having been involved in a struggle with others
- V. Rare oral mucosal petechiae
- VI. No evidence of significant traumatic injuries
- VII. Status post resuscitation and hospitalization
- VIII. See separate Toxicology Report

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NOTE: The decedent had natural conditions including morbid obesity, cardiac hypertrophy, and schizophrenia that can be associated with sudden cardiac death and the resultant anoxic brain injury. If such a natural condition led to the decedent's death, the manner of death would be classified as "natural". Additionally, the decedent was involved in a struggle with others that could have contributed to her sudden cardiac death and resultant anoxic brain injury. If such a struggle caused the decedent's death, the manner of death would be classified as "homicide". As the precise contributions of the decedent's underlying natural conditions and the struggle with others to the decedent's death cannot be determined, the manner of death is categorized as "undetermined". Should further information become available that clarifies the contribution of different factors to the decedent's death, the cause and manner of death can be amended accordingly.

Personnel present at the time of autopsy include Marilyn Schaler (I-MCFSAs crime lab) and John Breedlove (IMPD).

CIRCUMSTANCES OF DEATH: The decedent was a 43-year-old African American female with a reported history of bipolar disorder, schizophrenia, seizures, obesity, past marijuana use, and social ethanol use. The decedent had presented emergently to St. Francis Hospital in September 2017 after the decedent had reportedly intentionally ingested bleach. At this time, the decedent was reported to have a history of schizophrenia and bipolar disorder, but a history of seizures was denied. During this clinical encounter, the decedent was reported to have not been taking her psychiatric medications for "a few years". At this time, the decedent was found to have a negative urine drug screen, a negative head computed tomography scan, hyponatremia, and altered mental status. While at this facility, the decedent was documented to have a blood pressure within the hypertensive range (141/91 mmHg). The decedent left the hospital against medical advice before further workup could be completed.

In the days preceding 02-06-2019, the decedent's family reported that she had been depressed, not eating, not sleeping appropriately, and had complained of back pain and a headache. On 02-06-2019, the family members brought her to Mount Calvary Apostolic Church to "uplift her spirit". While at this church, the decedent began to act erratically, spoke unusually, attempted to take a microphone from church staff, removed her clothing, and was noted to be sweating profusely. During the course of events, the decedent began to physically assault a member of the congregation. During this assault, a civilian-clothed behavioral health police officer (IMPD) became involved. He helped get the decedent to release the individual she was assaulting, and reportedly at the request of others, called other officers to the church at 20:26. Additionally, a request for emergency medical services personnel was made at 20:33. Reportedly, when other officers arrived, church members suggested that police officers handcuff the decedent, but police officers initially declined to do so. When police officers approached the decedent, who had been interacting with members of the congregation, she assaulted a police officer, and a struggle ensued between the decedent, uniformed police officers, and plain clothed officers. During the course of this altercation, the decedent demonstrated great strength and tried to hit, bite, and spit on officers. Officers (3 uniformed and 1 plain clothed) attempted to handcuff the decedent and were assisted by a pastor who attempted to place a cloth over the decedent's mouth to prevent her from spitting (an officer reportedly did instruct him to not place this cloth over her nose). It is reported that a police radio call stating that the decedent was resisting occurred at 20:38. During this altercation, joint manipulation techniques were used and an unsuccessful attempted leg "take down sweep" was used, but no strikes were used by police officers, no chemical agents were deployed, and no conducted electrical weapons were used. At some point, during this altercation, the decedent and officers fell and officers were able to handcuff the decedent (using three sets of cuffs). The decedent was initially handcuffed on her side in a pew and was later moved to the ground and placed prone. At this point, the decedent is reported to have still been responsive. It is also at this point that the an officer was reported to

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have placed a knee on the decedent's back and to have been told by another officer to remove the knee from the decedent. When the decedent was down, the cloth was noted on the decedent's face and officers removed it (it is reported to have been loose and the fabric was of such a nature that the decedent was believed to have been able to breath through it). Within 1 to 2 minutes of being handcuffed, the decedent is reported to have begun breathing unusually and then cease breathing. Reports vary as to if the cloth was removed from the decedent before or after she had respiratory difficulties. Officers reported that, upon noting the decedent to be apneic, the decedent was rolled supine, the handcuffs were removed, and the officers initiated chest compression only CPR, per their training. It is reported, that during the course of events, the decedent had stated, "I cant breathe". Police calls to accelerate the arrival of medics and that the decedent had started chest compressions occurred at 20:44.

Upon arrival, emergency medical services personnel took over resuscitation measures and transported the decedent to Eskenazi Hospital. The decedent had a return of spontaneous circulation after approximately 30 minutes. While under the care of emergency medical services personnel, the decedent was reported to have an electrocardiogram demonstrating premature atrial contractions, premature ventricular contractions, and diffuse ST wave depressions. At Eskenazi hospital the decedent was found to have metabolic acidosis, a normal troponin, sinus tachycardia without specific ST or T wave changes, a chest radiograph with low lung volumes and right-sided opacities, and a computed tomography scan of the head that demonstrated global hypoxic-ischemic injury with edema. The decedent was declared brain dead on 02-07-2019.

EXTERNAL EXAMINATION: The body is received in a zippered body pouch and is identified by a hospital identification tag on the right wrist and a coroner's identification that is applied after autopsy.

PHOTOGRAPHS: Photographs are taken during the exam.

IDENTIFICATION: The decedent is identified by family on scene on 02-07-2019.

CLOTHING AND PERSONAL EFFECTS: The body is received unclad and without personal effects.

EVIDENCE OF MEDICAL INTERVENTION: Evidence of medical intervention includes an endotracheal tube, an orogastric tube, a needle puncture with a surrounding circular impression and contusion on the left upper arm, a peripheral intravenous line in the right antecubital fossa, a probable needle puncture on the ventral aspect of the left wrist, a single lumen catheter in the right inguinal region, a triple lumen catheter in the left inguinal region, a Foley catheter, resuscitation related abrasions of the chest, and fractures of the fifth ribs bilaterally with minimal associated hemorrhage consistent with being related to resuscitation.

EVIDENCE OF TRAUMA: External evidence of trauma includes a 1/2 x 3/8-inch red abrasion of the forehead, two 1/8 inch red contusions of the maxillary gingiva, a 1/4-inch red abrasion of the left forearm, a 3/8-inch red abrasion of the left forearm, a 3/16-inch red abrasion of the left forearm, and a 1/4-inch red abrasion of the distal aspect of the dorsum of the left forearm. Internal evidence of trauma includes diffuse right-sided tongue hemorrhage.

SCARS/TATTOOS AND OTHER IDENTIFYING BODILY FEATURES: Scars, tattoos and other identifying bodily features include diffuse scarring surrounding the areolas, 2 3/4 x 2 1/2-inch illegible monochromatic tattoo of the left side of the chest, a 1 1/2-inch linear scar near the right antecubital fossa, a 3/4 inch hyperpigmented macule on the dorsum of the right forearm, two 5/8 inch hypertrophic scars on the

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right side of the back, abdominal striae, multifocal hyperpigmented scars of the abdomen, and a 1 1/2-inch irregular scar on the posterior aspect of the right lower leg.

GENERAL EXTERNAL EXAMINATION: The unembalmed body is that of a female, 70 inches in height, weighing 316 pounds. Rigor mortis is generalized. Livor mortis is red, posterior, and fixed. The body is cold having been refrigerated. The scalp hair is brown and wavy to curly and 5 inches in length. The irides are brown, with slight corneal clouding. The sclera and conjunctiva are congested (more so on the left) and edematous. There are rare petechiae of the lower oral mucosa but there are no petechial hemorrhages of the facial skin, sclera, or conjunctiva. The ears are unremarkable and appear to be pierced five times on the right and three times on the left. Dentition is natural and in adequate to good condition. The trachea is midline. The thorax is well-developed and symmetrical. There are no palpable axillary, cervical, or inguinal masses. The breasts are paired symmetrically with no palpable masses or nipple discharge. The abdomen is soft, obese and protuberant with no palpable intraabdominal masses. The external genitalia are those of a normal appearing adult female with no gross pathology of introitis. The anus contains stool but is without evidence of injury. The extremities are well-developed and symmetrical with no significant cyanosis, clubbing, edema or deformity. The fingernails are moderate length, clean, and trimmed, but are without evidence of significant breakage. The feet and toes are not remarkable. The posterior aspects of the torso are symmetrical and devoid of any acute patterns. General appearance is compatible with the reported age of 43 years.

INTERNAL EXAMINATION: The body is opened by a standard "Y"-shaped thoraco-abdominal incision. All viscera occupy their appropriate anatomic relationships. Serous surfaces are smooth and glistening throughout. There is scant straw colored fluid within the abdominal cavity. There are no additional free fluid accumulations or adhesions within the body cavities.

CARDIOVASCULAR SYSTEM: The 430-gram heart occupies its usual mediastinal site. The external configuration is unremarkable. The epicardial surface is smooth and glistening. All major vessels arise in their appropriate anatomic relationships. The coronary arteries arise normally and distribute in a right dominant pattern with shallow bridging of the left anterior descending coronary artery. There is no significant atherosclerotic narrowing of the coronary arteries. The myocardium is firm red-brown without areas of softening, hemorrhage or gross scarring. No abnormal communication is between the cardiac chambers. Ventricular thicknesses are left 1.3 cm, right 0.5 cm, septum 1.5 cm. The cardiac valves have thin pliable leaflets. The valve circumferences are 11 cm for the tricuspid valve, 8 cm for the pulmonic valve, 10 cm for the mitral valve, and 6.5 cm for the aortic valve. The valve cusps and surfaces are free of fusion or vegetation. The aorta is normal caliber with all major arterial branches arising in their appropriate anatomic relationships. Elasticity is normal. The intimal surfaces are smooth without aneurysm formation or dissection. No systemic venous abnormalities or thrombi are present.

RESPIRATORY SYSTEM: The lungs weigh 820 grams on the right and 740 grams on the left. The upper and lower airways contain frothy fluid, but are otherwise patent and of normal caliber. The pleural surfaces are smooth and glistening. The parenchyma is well expanded light pink to dark red purple and exudes marked amounts of bloody and frothy fluid. There are no areas of induration, consolidation, hemorrhage, or gross scarring. Pulmonary vessels are patent and of normal caliber.

DIGESTIVE HEPATOBILIARY SYSTEM: The oropharynx is grossly normal and unobstructed. The esophagus is normal caliber with a smooth white mucosal lining. The gastroesophageal junction is well-defined. The stomach has intact mucosal surfaces and the lumen contains approximately 10 ml of green fluid. No areas of ulceration, erosion, hemorrhage or scarring are present. The small and large intestines are

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externally unremarkable and are without palpable masses or diverticula. The small and large intestines are opened to reveal abundant turbid liquid contents and focal erythema of the colonic mucosa. The appendix is present. The lobular tan pancreas is firm without areas of fat necrosis, gross hemorrhage, or space occupying lesions. Pancreatic ducts are patent of normal caliber.

LIVER: The 1550-gram liver has a smooth intact capsule covering a tan-brown parenchyma. No localized masses, lesions or areas of hemorrhage are evident on external or cut surfaces. The intra-hepatic and extra hepatic ducts are patent and of normal caliber. The gallbladder contains viscid bile. The gallbladder mucosa is grossly normal.

GENITOURINARY SYSTEM: The symmetric kidneys weigh 180 grams on the right and 210 grams on the left. They are similar size and shape. The capsules strip with ease from the underlying red-brown cortical surfaces that have evidence of retained fetal lobulation. The cortices are sharply delineated from the medullary pyramids. The calyces, pelves, and ureters are unremarkable. The renal vessels are patent and of normal caliber. The urinary bladder is empty secondary to catheterization. The mucosal surfaces are flat and pink-tan. The uterus, ovaries and fallopian tubes are unremarkable. There is no macroscopic evidence of pregnancy.

HEMATOPOIETIC SYSTEM: The 100-gram spleen occupies its usual anatomic site with intact smooth and glistening capsule covering a dark purple moderately firm parenchyma. Regional lymph nodes have their usual distribution and appearance. The rib bone marrow is beefy red and unremarkable.

ENDOCRINE SYSTEM: The thyroid gland and adrenal glands are grossly not remarkable.

NECK: An anterior neck dissection is performed. The cervical spine is structurally intact. The hyoid bone and thyroid cartilage are intact. There are no hemorrhages in the strap muscles or soft tissue neck. The upper airway is patent.

BREASTS: Examination of the breast tissue reveals lobular yellow fat with a delicate lattice of breast glands in the stroma. No masses or areas of unusual firmness or soft streaking are noted. There are no hemorrhages.

MUSCULOSKELETAL SYSTEM: The skin and soft tissues of the back and extremities is dissected and is without evidence of injury. The bony framework supporting musculature and soft tissues are unremarkable.

NERVOUS SYSTEM: The scalp is reflected in the usual fashion. There are no contusions, lacerations or abrasions. There is no skull fracture. The 1330-gram brain is covered by thin clear delicate leptomeninges. The brain examination is conducted following formalin fixation. The dura mater and falk cerebri are intact. There is good preservation of cerebral symmetry flattening of the gyri and narrowing of the sulci. Convolutional patterns remain intact. External landmarks are readily identified. Evidence of edema includes effacement of the basilar cistern, right uncal notching, and cerebellar tonsillar prolongation. The cerebral vessels are intact with no evidence of aneurysm or thrombosis. Atherosclerotic changes are not identified. Multiple coronal sections of the cerebrum, cerebellum, and brainstem reveal compression of the ventricles, slight loss of gray-white demarcation, and focal discoloration of the cerebellum and medial left occipital lobe of the brain (without significant microscopic abnormalities). The basal ganglia are grossly normal. The atlanto-occipital articulation is intact.

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TOXICOLOGY: Specimens include vitreous fluid, cardiac blood, urine from the Foley catheter, and admission blood from the hospital.

EVIDENCE: Evidence collected includes a purple top tube of blood, a head hair standard, bilateral fingernail swabs, and bilateral hand and wrist swabs.

HISTOLOGY

Heart: A section of the right ventricular myocardium is without significant pathologic changes. Sections of septal and left ventricular myocardium are remarkable for mild myocyte hypertrophy and no additional significant pathologic changes.

Lungs: Sections of pulmonic parenchyma are remarkable for vascular congestion, edema, rare foci of anthracotic pigment deposition, and no additional significant pathologic changes.

Liver: A section of hepatic parenchyma is remarkable for mild, predominately macrovesicular, steatosis, minimal chronic portal inflammation, rare foci of chronic lobular inflammation, and no additional significant pathologic changes.

Pancreas: The pancreas is extensively autolyzed and without identifiable pathologic changes.

Kidneys: Sections of renal parenchyma are remarkable for rare sclerotic glomeruli and no additional significant pathologic changes.

Spleen: A representative section of the spleen is partially fragmented during processing, but is without additional significant pathologic changes.

Colon: A section of colonic mucosa is examined to reveal autolysis and no additional significant pathologic changes.

Brain: Sections of the cerebrum, cerebellum, and brainstem are remarkable for meningeal vascular congestion, some processing-related fragmentation, and no additional significant pathologic findings.

CKP/wjpl

Note: Representative samples of body fluids, specimens and glass tubes and/or stock wet tissue sections in formalin, if any, will be retained for one year and then discarded, unless requested otherwise. Blood spot cards, histologic paraffin blocks and microscopic slides, if any, will be retained indefinitely.



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CLIENT INFORMATION:	Marion Co. Coroner 521 W. McCarty Indianapolis, IN 46225 Ph: (317) 327-5840	Investigator: County, State: Pathologist: Agency Case #:	Hiatt Marion, IN Dr. Poulos 19-0335
Subject:	Eleanor Northington	Date Received:	2/11/2019
Date of Death:	2/7/2019	Date Reported:	2/18/2019
Age:	43		
Gender:	F		

LABORATORY CASE #: 100176

SAMPLES RECEIVED			
Type (Source/Tube)	Lab Specimen #	Collected	Testing Performed
Blood (admission)	100176-01	2/11/2019	Drugs & Alcohols
Blood (admission)	100176-02	2/11/2019	Not tested
Vitreous	100176-03	2/11/2019	Alcohols

POSITIVE RESULTS SUMMARY			
Specimen: Compound	Result	Specimen: Compound	Result
No Drugs Detected			

COMPREHENSIVE RESULTS			
Specimen: Compound	100176-01 Result	Sample Type: Concentration	Blood Units
Volatile Alcohols			
Acetone	Negative		
Ethanol	Negative		
Isopropanol	Negative		
Methanol	Negative		
Amphetamines			
Amphetamine	Negative		
BDB	Negative		
MDA	Negative		
MDEA	Negative		
MDMA	Negative		
Methamphetamine	Negative		
PMA	Negative		
PPA (norephedrine)	Negative		
Analgesics			
Acetaminophen	Negative		
Ibuprofen	Negative		
Indomethacin	Negative		
Ketoprofen	Negative		
Meloxicam	Negative		
Mexilitene	Negative		
Naproxen	Negative		
Pentazocine	Negative		
Piroxicam	Negative		
Pregabalin	Negative		
Salicyclic Acid	Negative		
Anticonvulsants			
10-OH-Carbamazepine	Negative		
Carbamazepine Epoxide	Negative		
Carbamazepine	Negative		
Ethosuximide	Negative		
Felbamate	Negative		
Gabapentin	Negative		
Lamotrigine	Negative		
Levetiracetam	Negative		
Oxcarbazepine	Negative		
Phenytoin	Negative		
Primidone	Negative		
Tiagabine	Negative		
Tizanidine	Negative		
Topiramate	Negative		
Valproic Acid	Negative		
Zonisamide	Negative		

Compound	Result	Concentration	Units
Antidepressants			
Amitriptyliine	Negative		
Amoxapine	Negative		
Bupropion	Negative		
Citalopram/Escitalopram	Negative		
Clomipramine	Negative		
Desipramine	Negative		
Desmethylclomipramine	Negative		
Dothepin	Negative		
Doxepin	Negative		
Duloxetine	Negative		
Fluvoxamine	Negative		
Fluoxetine	Negative		
Imipramine	Negative		
Maprotiline	Negative		
mCPP	Negative		
Mianserin	Negative		
Milnacipran	Negative		
Mirtazepine	Negative		
Nefazodone	Negative		
Nordoxepin	Negative		
Norfluoxetine	Negative		
Norsertraline	Negative		
Nortriptyline	Negative		
Desmethylvenlafaxine	Negative		
Paroxetine	Negative		
Protriptyline	Negative		
Sertraline	Negative		
Trazodone	Negative		
Trimipramine	Negative		
Venlafaxine	Negative		
Antihistamines			
Brompheniramine	Negative		
Chlorpheniramine	Negative		
Cyclizine	Negative		
Diphenhydramine	Negative		
Doxylamine	Negative		
Hydroxyzine	Negative		
Tetrahydrozoline	Negative		
Antipsychotics			
Aripiprazole	Negative		
Buspirone	Negative		
Chlorpromazine	Negative		
Clozapine	Negative		
Fluphenazine	Negative		
Haloperidol	Negative		
Mesoridazine	Negative		
Norclozapine	Negative		
Olanzapine	Negative		

Compound	Result	Concentration	Units
Antipsychotics (cont.)			
Palperidone	Negative		
Perphenazine	Negative		
Prochloroperazine	Negative		
Quetiapine	Negative		
Risperidone	Negative		
Thioridazine	Negative		
Trifluoperazine	Negative		
Ziprasidone	Negative		
Barbiturates			
Amobarbital	Negative		
Butabarbital	Negative		
Butalbital	Negative		
Pentobarbital	Negative		
Phenobarbital	Negative		
Secobarbital	Negative		
Benzodiazepines			
Hydroxyethylflurazepam	Negative		
7-Aminoclonazepam	Negative		
Alpha-Hydroxytriazolam	Negative		
Alprazolam	Negative		
Chlordiazepoxide	Negative		
Clonazepam	Negative		
Desalkylflurazepam	Negative		
Diazepam	Negative		
Estazolam	Negative		
Flurazepam	Negative		
Lorazepam	Negative		
Lormetazepam	Negative		
Nordiazepam	Negative		
Oxazepam	Negative		
Temazepam	Negative		
Triazolam	Negative		
Cannabinoids (Natural)			
THC	Negative		
THC-COOH	Negative		
Cannabinoids (Synthetic)			
HU-210	Negative		
JWH-018	Negative		
JWH-073	Negative		
JWH-250	Negative		
Cathinones (Bath Salts)			
Alpha PVP	Negative		
Cathinone	Negative		
MDPV	Negative		
Mephedrone	Negative		
Methcathinone	Negative		
Methedrone	Negative		
Methylone	Negative		

Compound	Result	Concentration	Units
Cocaine			
Benzoylecggonine	Negative		
Cocaethylene	Negative		
Cocaine	Negative		
Fentanyl Class			
Acetyl fentanyl	Negative		
Alfentanil	Negative		
Carfentanil	Negative		
Fentanyl	Negative		
Methyl fentanyl	Negative		
Norfentanyl	Negative		
Remifentanil	Negative		
Sufentanil	Negative		
Hallucinogens			
25I-NBOMe	Negative		
2C-T-7	Negative		
Ketamine	Negative		
LSD	Negative		
Norketamine	Negative		
PCP	Negative		
Methadone			
EDDP	Negative		
Methadone	Negative		
Miscellaneous			
Bupivacaine	Negative		
Cyclobenzaprine	Negative		
Dextromethorphan	Negative		
Guaifenesin	Negative		
Levamisole	Negative		
Lidocaine	Negative		
Mepivacaine	Negative		
Metaxolone	Negative		
Naloxone	Negative		
Naltrexone	Negative		
Opioid/Narcotic Analgesics			
6-MAM	Negative		
Buprenorphine	Negative		
Butorphanol	Negative		
Codeine	Negative		
Desomorphine	Negative		
Dihydrocodeine	Negative		
Hydrocodone	Negative		
Hydromorphone	Negative		
Levorphanol	Negative		
Meperidine	Negative		
Morphine	Negative		
Nalbuphine	Negative		

Compound	Result	Concentration	Units
Opioid/Narcotic Analgesics (cont)			
Norbuprenorphine	Negative		
Norhydrocodone	Negative		
Normeperidine	Negative		
Norpropoxyphene	Negative		
Desmethyltramadol	Negative		
Oxycodone	Negative		
Oxymorphone	Negative		
Propoxyphene	Negative		
Tapentadol	Negative		
Thebaine	Negative		
Tramadol	Negative		
Sedatives/Hypnotics			
7-Aminoflunitrazepam	Negative		
Carisoprodol	Negative		
Desmethylflunitrazepam	Negative		
Droperidol	Negative		
Flunitrazepam	Negative		
Glutethimide	Negative		
Meprobamate	Negative		
Methaqualone	Negative		
Midazolam	Negative		
Orphenadrine	Negative		
Promethazine	Negative		
Ramelteon	Negative		
Zaleplon	Negative		
Zolpidem	Negative		
Zopiclone	Negative		
Stimulants			
Atomoxetine	Negative		
BZP	Negative		
Caffeine	Negative		
Cotinine	Negative		
Ephedrine	Negative		
Methylphenidate	Negative		
Mitragynine	Negative		
Nicotine	Negative		
Phentermine	Negative		
Pseudoephedrine	Negative		
Ritalinic Acid	Negative		
TFMPP	Negative		

Specimen:	100176-03	Sample Type:	Vitreous
Compound	Result	Concentration	Units
Volatile Alcohols			
Acetone	Negative		
Ethanol	Negative		
Isopropanol	Negative		
Methanol	Negative		



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Reviewing Toxicologist